

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 3:23-cv-00093-MMD-CSD

Filed	Received	Entered	Served On
Counsel/Parties, if Record			
JUL 09 2024			
Clerk US District Court			
District of Nevada			
By:	Fed. R. Civ. P. 4 (l)) Deputy		

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Chembio Diagnostics, Inc.
 was received by me on (date) July 5, 2024.

I personally served the summons on the individual at (place)

on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) CT CORPORATION SYSTEM, who is
 designated by law to accept service of process on behalf of (name of organization)

Chembio Diagnostics, Inc. on (date) June 28, 2024; or

I returned the summons unexecuted because _____; or

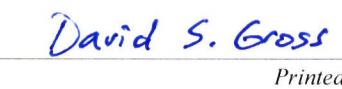
Other (specify): _____

My fees are \$ _____ for travel and \$ 34.30 for services, for a total of \$ 34.30 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/06/2024


David S. Gross (Pro Se Plaintiff)
 Server's signature


David S. Gross (Pro Se Plaintiff)
 Printed name and title

1800 Poplar Dr., Apt #10, Medford, OR,
 Server's address
97504

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CT Corporation System
701 S Carson St, STE 200
Carson City, NV 89701



2. Article Number (Transfer from service label)

ET 180 928 355 US

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes
 No

JUN 28 '24

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Over \$500	

USPS TRACKING®



9590 9402 8645 3244 4666 15

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

David Gross
1800 Poplar Dr. - Apt #10
Medford, OR 97504

